

|  |  |                          |                 |
|--|--|--------------------------|-----------------|
| Effective on 12/08/2004.<br>Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). |  | <b>Complete if Known</b> |                 |
| <b>FREE TRANSMITTAL</b>  |  | Application Number       | 09/385,597      |
| <b>For FY 2005</b>   |  | Filing Date              | August 30, 1999 |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                 |  | First Named Inventor     | James A. Parker |
| TOTAL AMOUNT OF PAYMENT \$450.00   |  | Examiner Name            | Le, Uyen Chau N |
| Express Mail Label EV561776176US   |  | Art Unit                 | 2876            |
|  |  | Attorney Docket No.      | 283-205 CIP 1   |

**METHOD OF PAYMENT (check all that apply)**

☒ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account    Deposit Account Number: 50-0289    Deposit Account Name: Wall Marjama & Bilinski LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments    ☒ Credit any overpayments of fee(s) under 37 CFR 1.16 and 1.17

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**FEE CALCULATION**

| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES |             |                       |             |                       |                  |                       |                |
|---|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| Application Type                              | FILING FEES |                       | SEARCH FEES |                       | EXAMINATION FEES |                       | Fees Paid (\$) |
|   | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)    | Small Entity Fee (\$) | Fee (\$)         | Small Entity Fee (\$) |                |
| Utility                                       | 300         | 150                   | 500         | 250                   | 200              | 100                   |                |
| Design  | 200         | 100                   | 100         | 50                    | 130              | 65                    |                |
| Plant   | 200         | 100                   | 300         | 150                   | 160              | 80                    |                |
| Reissue                                       | 300         | 150                   | 500         | 250                   | 600              | 300                   |                |
| Provisional                                   | 200         | 100                   | 0           | 0                     | 0                | 0                     |                |

| 2. EXCESS CLAIM FEES  |              |              |   |          |   |               |                           |
|---|--------------|--------------|---|----------|---|---------------|---------------------------|
| Fee Description   |              |              |   |          |   | Fee (\$)      | Small Entity Fee (\$)     |
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent            |              |              |   |          |   | 50            | 25                        |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent |              |              |   |          |   | 200           | 100                       |
| Multiple dependent claims   |              |              |   |          |   | 360           | 180                       |
| Total Claims  |              | Extra Claims |   | Fee (\$) |   | Fee Paid (\$) | Multiple Dependent Claims |
|   | - 20 or HP = |              | x |          | = |               | Fee (\$)                  |
| HP= highest paid number of total claims paid for, if greater than 20                                    |              |              |   |          |   |               |                           |
| Indep. Claims   |              | Extra Claims |   | Fee (\$) |   | Fee Paid (\$) |                           |
|   | - 3 or HP =  |              | x |          | = |               |                           |
| HP =highest number of independent claims paid for, if greater than 3                                    |              |              |   |          |   |               |                           |

| 3. APPLICATION SIZE FEE  |         |              |        |  |          |   |               |
|--|---------|--------------|--------|--|----------|---|---------------|
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a) (1)(G) and 37 CFR 1.16(s). |         |              |        |  |          |   |               |
| Total Sheets   |         | Extra Sheets |        | Number of each additional 50 or fraction thereof | Fee (\$) |   | Fee Paid (\$) |
|  | - 100 = |              | / 50 = | (round up to a whole number)                     | x        | = |               |

| 4. OTHER FEES   |  |  |  |  |  |  | Fees Paid (\$) |
|---|--|--|--|--|--|--|----------------|
| Non-English Specification, \$130 fee (no small entity discount) |  |  |  |  |  |  |                |
| Other: Two Month Extension of Time Fee                          |  |  |  |  |  |  | \$450.00       |

**SUBMITTED BY**

|                   |                         |   |                        |
|-------------------|-------------------------|---|------------------------|
| Signature         | <i>George S. Blasik</i> | Registration No. 37,283<br>(Attorney/Agent) | Telephone 315-425-9000 |
| Name (Print/Type) | George S. Blasik        |   | Date March 7, 2005     |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

03/10/2005 YPOLITE1 00000016 09385597

01 FC:1252

450.00 0P

3-8-05

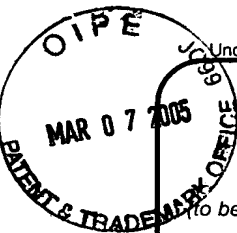
PTO/SB/21 (02-04)

28.76\$  
ID  
18w

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

|                        |                 |
|------------------------|-----------------|
| Application Number     | 09/385,597      |
| Filing Date            | August 30, 1999 |
| First Named Inventor   | James A. Parker |
| Group Art Unit         | 2876            |
| Examiner Name          | Le, Uyen Chau N |
| Attorney Docket Number | 283-205 CIP 1   |

Total Number of Pages in This Submission 22

## ENCLOSURES (check all that apply)

|  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>One check for \$450 (Extension of Time), Comment on Reasons For Allowance (2 pgs.), and Return Mail Room Postcard.<br><b>Express Mail Label No. EV561776176US</b> |
|--|--|--|

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account No. 50-0289.

### Extension of Time

Applicants respectfully request a two-month extension of time for response to the Final Office Action mailed October 5, 2004.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                             |                 |
|-------------------------|-----------------------------|-----------------|
| Firm or Individual name | Wall Marjama & Bilinski LLP | Reg. No. 37,283 |
| Signature               | <i>George S. Blasiak</i>    |                 |
| Date                    | March 7, 2005               |                 |

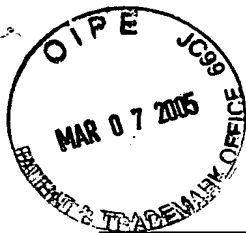
## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as express mail (Express Mail Label No. EV561776176US) in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: March 7, 2005

|                       |                            |      |               |
|-----------------------|----------------------------|------|---------------|
| Typed or printed name | Barbara A. Saltsman        |      |               |
| Signature             | <i>Barbara A. Saltsman</i> | Date | March 7, 2005 |

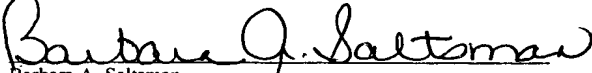
This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Express Mail Label No. EV561776176US  
Attorney Docket No. 283-205 CIP 1  
PATENT

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail addressed to Mail Stop: Comment On Reasons For Allowance, Commissioner of Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 7, 2005. Express Mail Label No. EV561776176US.

  
Barbara A. Saltzman

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

|                  |                        |                   |      |
|------------------|------------------------|-------------------|------|
| Application No.: | 09/385,597             | Confirmation No.: | 9401 |
| Applicant:       | James A. Parker et al. |                   |      |
| Filed:           | August 30, 1999        |                   |      |
| Art Unit:        | 2876                   |                   |      |
| Examiner:        | Le, Uyen Chau N        |                   |      |
| Docket No.:      | 283-205 CIP 1          |                   |      |
| Customer No.:    | 20874                  |                   |      |

Mail Stop: Amendment  
Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

**COMMENT ON REASONS FOR ALLOWANCE**

Sir:

Applicants note that the Examiner's Reasons for Allowance mention only the limitations of allowed claim 65, but do not mention the combinations of limitations of the remaining allowed claims 66-74 and 84-96. Applicants therefore conclude that the Examiner's failure to mention the specific combinations of limitation of claims 66-74, and 84-96 is merely an oversight by the Examiner, and that the Examiner did not intend for the reasons for allowance to apply to claims that do not have the combination of limitations discussed in the reasons for allowance.

Express Mail Label No. EV561776176US  
U. S. Patent Application No. 09/385,597  
Comment on Reasons For Allowance Dated March 7, 2005

If the Examiner believes that the limitations discussed in the reasons for allowance must be imported into all claims to render all claims allowable, the Examiner is respectfully requested to formally present such a requirement. Otherwise, persons reading this prosecution history will understand that all allowed claims are allowable for the combination of elements actually recited in them.

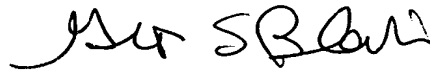
Accordingly, in view of the above remarks, applicants believe all of the claims of the present application to be in condition for allowance and respectfully request reconsideration and passage to allowance of the application.

If the Examiner believes that contact with applicants' attorney would be advantageous toward the disposition of this case, the Examiner is herein requested to call applicants' representative at the phone number listed below.

The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to deposit Account No. 50-0289.

Respectfully submitted,

WALL MARJAMA & BILINSKI LLP



Date: March 7, 2005

George S. Blasiak  
Registration No. 37,283  
WALL MARJAMA & BILINSKI LLP  
101 South Salina Street  
Suite 400  
Syracuse, NY 13202  
315-425-9000  
315-425-9114 (FAX)

Customer No. 20874  
GSB/ts/bs